

# PART B - FEE(S) TRANSMITTAL

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22442 7590 07/05/2002

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|                       |                    |
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| <u>JAN WALSH</u>      | (Depositor's name) |
| <u>JAN WALSH</u>      | (Signature)        |
| <u>13 AUGUST 2002</u> | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/513,024      | 02/25/2000  | Barbara J. Vilen     | 2879-64             | 7682             |

TITLE OF INVENTION: METHOD FOR RECEPTOR DESENSITIZATION

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE   | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-------------|-----------------|------------------|------------|
| nonprovisional | YES          | \$640 12.80 | \$0             | \$640 12.80      | 10/08/2002 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| ROARK, JESSICA H | 1644     | 424-153100     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

SHERIDAN ROSS P.C.  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

NATIONAL JEWISH MEDICAL  
& RESEARCH CENTER

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

DENVER, COLORADO

Please check the appropriate assignee category or categories (will not be printed on the patent)

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(Authorizing Signature) Amela Dallas (Date) 13 Aug 2002

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08/20/2002 INQUIRY# 00000840 09513024

01 FC:142  
02 FC:361

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